

UMPIRE PERFORMANCE SHEET

☐ Ponytail Softball ☐ Hap Minor Baseball ☐ Adult Slow Pitch ☐ Adult Fast Pitch ☐ ASA

Field: _____ Game Time: _____

Umpire's Name: _____ Date: _____

- | | | | |
|---------------------|--------------------------------------------------|--------------------------------------------|-------------------------------|
| 1. Punctuality | <input type="checkbox"/> 10 min. early | <input type="checkbox"/> At game time | <input type="checkbox"/> Late |
| 2. Appearance | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable | |
| 3. Equipment | <input type="checkbox"/> All necessary Equipment | <input type="checkbox"/> Missing Equipment | |
| 4. Pre-game Meeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Checked Bats | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

- | | Unsatisfactory | | Satisfactory | | Exemplary |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Communications | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Verbalization | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Hustle | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Positioning | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Knowledge of Rules | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Attitude toward Managers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Attitude towards Players | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. Judgment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. Game control | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Please comment on any rating of 1 or 2

Please submit this form to the Sports Office or Sports Office staff.
The form may also be faxed to the Sports Office at (818) 238-5336

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